Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3000AGC	A. BUILDING _____ B. WING _____	C 09/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN VILLA OF PEARBERRY	487 PEARBERRY AVE LAS VEGAS, NV 89123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 09/25/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 total beds. The facility had the following category of classified beds: Category 2 - 6 beds. The facility had the following endorsements: Residential facility which provides care to persons with Alzheimer's disease The census at the time of the survey was 4. Four resident files were reviewed, 2 closed resident files were reviewed and 4 employee files were reviewed. There were 2 complaints investigated during the survey. Complaint #NV00018005 Substantiated (Tag Y953) Complaint #NV00019345 Substantiated (Tag Y253) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were	Y 000	Acceptable POC 5-4-09.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner — (X6) DATE: 2-13-09

STATE FORM 6899 Q9Q411 If continuation sheet 1 of 19

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Y 000	Continued From page 1 identified:	Y 000		
Y 067 SS=B	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure a signed statement indicating the employee read and understood the provisions of NAC 449.156 to 449.2766 was documented for 3 of 4 employees (Employee#1, #3 and #4). Findings include: 1. Employee #1 (unknown date of hire) was employed at the facility as an administrator. The file lacked documented evidence of a signed statement indicating the employee read and understood the provisions of NAC 449.156 to 449.2766. 2. Employee #3 (unknown date of hire) was employed at the facility as a careiver. The file lacked documented evidence of a signed statement indicating the employee read and understood the provisions of NAC 449.156 to 449.2766.	Y 067	1) Y067 a) Employee #1 NOV. 2005 was hired @ the facility as an administrator. b) The facility will require to fill up application when they apply for the job. c) The application completed as soon as we received the citation 2/12/09 2) a) Employee # 3 was hired Aug. 2008 The facility will require applicant to signed statement read & understood the provision b) The facility will require to fill up application when they apply for job. c) The application completed as soon as we received the citation 2/12/09	

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Y 067	Continued From page 2 3. Employee #4 (date of hire 12-28-06) was employed at the facility as a caregiver. The file lacked documented evidence of a signed statement indicating the employee read and understood the provisions of NAC 449.156 to 449.2766. Severity: 1 Scope: 2	Y 067	Y067 3)a)Employee # 4 hired dec. 2006. b) The employee#4 resigned may 2008 c) The facility will continue to monitor & sign off as read the provision. It was completed as soon as the citation recieved 2/12/09	
Y 100 SS=B	449.200(1)(a) Personnel File - Employee Info NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the address and telephone number was documented in the personnel files for 2 of 4 employees (Employee#1 and Employee #3) and failed to document social security number for 1 of 4 employees. (Employee #1) Findings include: 1. Employee #1 was employed at the facility as an administrator. The file lacked documented evidence of the employee's telephone number, address or social security number. 2. Employee #3 was employed at the facility as a caregiver. The file lacked documented evidence	Y 100	Y100 1) Employee # 1 administrator a) The separate personal file of each member of the facility will include telephone no., address or social security no. b) will continue to monitor for compliance c) Completed as of 2/12/09 2) Employee # 3 a) The facility will continue to monitor all those employed to include all their telephone no. and address b) continue to monitor for compliance c) Completed and signed as of 2/12/09	

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Y 100	Continued From page 3 of the employee's telephone number or address. Severity: 1 Scope: 2	Y 100		
Y 101 SS=B	449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the date the employee began employment at the residential facility was documented in the employee personnel file for 2 of 4 employees. (Employee #1 and #3). Findings include: 1. Employee #1 was employed at the facility as an administrator. Date of hire unknown. 2. Employee #3 was employed at the facility as a caregiver. Date of hire unknown. Severity: 1 Scope: 2	Y 101	Y101 Y101 D Employee #1 & 2 a) The facility will monitor that the applicant will fill out with complete information for the date of hire. Employee #1 hired ~~7-5-2006~~ 2nd 2-1-07 Employee # 3 hired 8-32008 b) Continue ~~for~~ to monitor for compliance c) Complete & dated 2/12/09	
Y 105 SS=B	449.200(1)(f) Personnel File - Background Check NAC 449.200	Y 105		

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Y 105	Continued From page 4 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review, the facility did not ensure 3 of 4 employees had met the background check requirements for criminal history (Employee #1, #3 and #4). Findings include: 1. The file for Employee #1 (unknown hire date) did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. 2. The file for Employee #3 (unknown hire date) did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. 3. The file for Employee #4 (hire date 12/28/06) did not contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. Severity: 1 Scope: 2	Y 105	Y105 1) Employee # 1, 2, 3, 4 a) will make sure to sign statement indicating the employee had not been convicted of any crimes b) Before hiring employee should sign the statement or form. c) Completed + signed 2/12/09 Copy attached	
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.	Y 253		

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Y 253	Continued From page 5 This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure there was an adequate supply of fresh food for 2 days and canned food for 7 days for each resident readily available in the facility. Findings include: On 9/25/08 in the afternoon, observation of the freezers, refrigerator, and pantry revealed there was not enough fresh food for 2 days for each resident and there was not enough canned food for 7 days for each resident readily available. Severity: 2 Scope: 3 Complaint #NV00019345	Y 253	Y/253 Employee #2 will make sure to have enough fresh food & enough canned goods that the resident ready to need anytime. It was completed after the citation found 9/25/08 done.	
Y 557 SS=D	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure restraints were not used for 1 resident (Resident #3). Findings include: 1. Record review indicated restraints were ordered by the physician for Resident #3.	Y 557		

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Y 557	Continued From page 6 2. Employee #2 stated the restraints were used on Resident #3 last month for 1 time. 3. Soft restraints were observed in Resident #3 bedroom. Severity: 2 Scope: 1	Y 557	Y557 Employee #2 will make sure to follow the physicians orders to apply restraints to Resident #3 Physician ordered 1-14-08 copy attached.	
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were administered for 1 of 4 residents as prescribed by the treating physician (Resident #2). Findings include: On July 11, 2008, the prescribing physician ordered Colace 100mg Capsule 2 times daily. A review of the medication management record (MAR) for Resident #2 documented Colace was	Y 878		

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Y 878	Continued From page 7 written on the July and August MAR as a PRN (as needed) medication. Colace was not written on the September MAR. On 09/25-08 in the morning, Resident #2 stated he was having trouble with constipation. Severity: 2 Scope: 1	Y 878	Y 878 Employee # 2 will make sure to follow the physician's order. Resident # 2 on colace order should be written monthly. Will continue to monitor it was completed + dated 2/12/09	
Y 898 SS=B	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure instructions for administering medication to the resident reflect the current order or prescription of the resident's physician for 3 for 4 residents (Resident #1, #2 and #4). Findings include: 1. Resident #1 (admitted 04/15/08) had Lorazepam ordered every 4 hours as needed by the physician. The medication administration	Y 898	Y 898 a) Employee #2 will make sure to follow the physicians order to resident give Lorazepam q 4° PRN It was corrected + dated after we reviewed the deficiencies 2/3/09	

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Y 898	Continued From page 8 record indicated Lorazepam was to be given every 6 hours as needed. This was written on the past 6 months of medication administration records reviewed. 2. Resident #2 (admitted 04/28/08) had Ibuprofen ordered 1 tablet every 6 hourrs as needed for pain. The medication administration record for September was written for Ibuprofen 200 milligrams as needed for pain. There was no indicator for how often the medication could be given to the resident. 3. Resident #4 (admitted 01/11/08) had Imodium ordered by the physician to read with each diarrhea stool up to 8 tabs per day/as needed. The medication administration record had Imodium 1 tab as needed for constipation. Severity: 1 Scope: 2	Y 898	Cont. Y 898 b) Employee #2 will make sure to follow the physicians order to resident #2 to give Ibuprofen q 6° PRN. It was corrected & dated after we recieved the copy of diffiencies 2/3/09 c) Employee #2 will make sure to follow the physicion order to resident #4 to give Imodium for diarrhea not constipation. It was corrected & dated after we recieved the copy of diffiencies 2/3/09 Copy of Physician's order attached for Resident 1, 2, 3, 4 will continue to record for all the PRN medication & error will be avoided.	
Y 907 SS=F	449.2746(1)(c) PRN Medication NAC 449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given. This Regulation is not met as evidenced by:	Y 907		

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Y 907	Continued From page 9 Based on record review, the caregiver failed to receive written instructions indicating the specific symptoms for which PRN (as needed) medications were to be given for 4 of 4 residents (Resident #1, #2, #3, and #4). Findings include: 1. Resident #1 (admitted 04/15/08) had Lorazepam 1 milligram every 4 hours as needed for agitation/anxiety. There was no specific parameters defining the signs and symptoms of agitation or anxiety. The order written on the medication administration record was Lorazepam 1 milligram every 6 hours as needed for agitation. 2. Resident #2 (admitted 04/28/08) had Ibuprofen 200 milligrams by mouth as needed for pain on the medication administration record. There was no specific parameters defining the symptoms of pain. The physician order read 1 tablet every 6 hours as needed pain. Resident #2 had Milk of Magnesia 1 teaspoon as needed for constipation. There was no specific parameters defining how many days without a bowel movement before giving the medication. 3. Resident #3 (admitted 06/24/08) had Colace 100 milligram as needed for constipation. There was no specific parameters defining how many days without a bowel movement before giving the medication. Resident #3 had Lorazepam 0.5 milligram 1 tablet 2 times daily as needed. There was no specific parameters defining when the Lorazepam should be given to the resident. 4. Resident #4 (admitted 01/11/08) had Tylenol	Y 907	Y 907 Resident #1 Employee #2 will make sure to follow physicians order in giving lorazepam. new order copy attached. Completed + dated after received the diffiencies dated 2/3/09 Resident #2 Employe #2 will call doctor's clinic + requested + fax the ibuprofen + milk magnesia stated the parameter of the medication will follow up again. still waiting + on going Resident #3 + 4 Employee #2 will make sure + follow physicians order in giving medicine. Copy attached Completed + dated after received the diffiencies 2/3/09	

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Y 907	Continued From page 10 Extra Strength 500 milligram 1 tablet by mouth every 4 hours as needed for comfort. There was no specific parameters defining symptoms that required comfort. Resident #4 had Lorazepam 0.5 milligram every 6 hours and every 4 hours as needed for anxiety. There was no specific parameters defining the symptoms of anxiety. Severity: 2 Scope: 3	Y 907		
Y 932 SS=C	449.2749(1)(c) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. This Regulation is not met as evidenced by: Based on record review, the facility failed to receive diet orders for 4 of 4 Residents (Resident #1, Resident #2, Resident #3 and Resident #4) Findings include:	Y 932		

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Y 932	Continued From page 11 Observation 1. Resident #1 (admitted 04/15/08) did not have a diet order in the resident record. 2. Resident #2 (admitted 04/28/08) did not have a diet order in the resident record. 3. Resident #3 (admitted 06/24/08) did not have a diet order in the resident record. 4. Resident #4 (admitted 01/11/08) did not have a diet order in the resident record. Severity: 1 Scope: 3	Y 932	Y 932 Employee #2 will make sure that all the resident # 1, 2, 3, 4 before admitting to the facility a resident will have a diet order from the physician + record it. It was corrected + completed after we reviewed the copy of diffiencies 2/3/09 diet order attached	
Y 933 SS=B	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services.	Y 933		

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Y 933	Continued From page 12 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a statement from the resident's physician concerning the medical and physical condition of the resident, including a description of any medical conditions which require the performance of medical services be placed in 2 of 4 residents charts (Resident #3 and #4). Findings include: 1. Resident #3 (admitted 06/24/08) did not have a statement from the resident's physician concerning the medical and physical condition of the resident, including a description of any medical conditions which require the performance of medical services. 2. Resident #4 (admitted 01/11/08) did not have a statement from the resident's physician concerning the medical and physical condition of the resident, including a description of any medical conditions which require the performance of medical services. Severity: 1 Scope: 2	Y 933	Y 933 Employee #2 will make sure to have a statement of the residents physicians in regards of medical & physical condition of the resident # 3 + 4. Telephone order done 2/13/09 by Employee #2	
Y 937 SS=C	449.2749(1)(f) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 937		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 937	Continued From page 13 information and any other information related to the resident, including without limitation: (f) The types and amounts of protective supervision and personal services needed by the resident. This Regulation is not met as evidenced by: Based on record review, the facility faied to ensure documentation related to the types and amounts of protective supervision and personal services needed by the resident for 4 of 4 residents (Resident #1, #2, #3, and #4). Findings include: 1. Resident #1 (admitted 04/15/08) did not have documentation related to the types and amounts of protective supervision and personal services needed by the resident. 2. Resident #2 (admitted 04/28/08) did not have documentation related to the types and amounts of protective supervision and personal services needed by the resident. 3. Resident #3 (admitted 06/24/08) did not have documentation related to the types and amounts of protective supervision and personal services needed by the resident. 4. Resident #4 (admitted 01/11/08) did not have documentation related to the types and amounts of protective supervision and personal services needed by the resident. Severity: 1 Scope: 3	Y 937	Y/937 a) The facility will ensure documentation of the types & amount of protective supervision & personal services needed by the resident will be completed upon residents admission Residents 1, 2, 3, 4 attached upon submission b) This will be monitor upon admission. Employee #2 is the responsible person to enforced it. c) completed & dated 2/12/09	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3000AGC	A. BUILDING _____ B. WING _____	C 09/25/2008

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Y 938 SS=C	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by: Based on record review, the facility did not perform an evaluation for 4 of 4 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #1, #2, #3, and #4). Findings include: 1. Resident #1 (admitted 04/15/08) did not have documentation of an ADL evaluation or a description of any assistance needed in the resident chart. 2. Resident #2 (admitted 04/28/08) did not have	Y 938	Y 938 a) Employee # 2 will make sure that all the resident 1, 2, 3, 4 has all activities of ADL upon admission to the facility b) Attach all copies of each residents ADL c) Complete + dated as of 2/13/09	

Bureau of Licensure and Certification

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Y 938	Continued From page 15 documentation of an ADL evaluation or a description of any assistance needed in the resident chart. 3. Resident #3 (admitted 06/24/08) did not have documentation of an ADL evaluation or a description of any assistance needed in the resident chart. 4. Resident #4 (admitted 01/11/08) did not have documentation of an ADL evaluation or a description of any assistance needed in the resident chart. Severity: 1 Scope: 3	Y 938		
Y 941 SS=B	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by:	Y 941	Y 941 Employee #2 a) All the separate file will be maintained for each residents at the facility & retained for 5 years after discharged. kept locked & protected against fire & unauthorized used. b) Continue to monitor for compliance c) Completed & dated on 2/12/09	

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Y 941	Continued From page 16 Based on record review, the facility failed to have the rules of the facility signed by the administrator of the facility and the resident or representative of the resident for 2 of 4 records reviewed (Resident#2 and #3). Record Review Review of the medical records on Resident #2, (admitted on 04/28/08) failed to provide evidence the rules of the facility was signed by the administrator of the facility and the resident or representative of the resident . Review of the medical records on Resident #3, (admitted 06/24/08) failed to provide evidence the rules of the facility was signed by the administrator of the facility and the resident or representative of the resident . Severity: 1 Scope: 2	Y 941	Y941 a) The administrator of the facility signed the rules of the facility Attach the copy of the rules of the facility signed by the administrator & residents b) The administrator will ensure that the rules for the facility signed upon residents admission c) Completed + dated 2/12/09	
Y 953 SS=D	449.275(3)(a) Hospice Care NAC 449.275 3. If the Division grants a request made pursuant to NAC 449.2736 by the administrator of a residential facility that provides hospice care, the residential facility may retain a resident who: (a) Is bedfast, as defined in NAC 449.2702. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the administrator requested a waiver to retain in the facility who was bedfast (Resident #6).	Y 953		

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Y 953	Continued From page 17 Findings include: Resident 6 was admitted to the facility on 4/9/08 with diagnoses including hypertension, senile demential, chronic kidney disease, hypothyroidism, and altered mental status. Resident #6 was admitted to hospice care on 4/2/08. The hospice plan of care dated 5/14/08 indicated the resident was bedbound, up in chair with a Hoyer lift, Stage 3 coccyx wound, Stage 2 right buttock wound, eschar to left and right heels. The hospice skilled nursing assessment dated 5/29/08 indicated the resident was a 2 person assist with bed mobility and transfers; dependent with personal hygiene and bathing; 1 person assist with dressing and eating; and required a Hoyer lift to get the resident out of bed. On 9/25/08, the Employee #2 indicated the resident required a Hoyer lift to get the resident out of bed and the resident used a hospital bed. The employee indicated the hospice certified nurse assistant helped with positioning the resident. The chart lacked documented evidence the administrator submitted a hospice waiver request to the Bureau of Licensure and Certification to retain a resident who was bedfast (unable to change position in bed without the assistance of another person). Severity: 2 Scope: 1 Complaint #NV00018005	Y 953	Y953 a) Resident #6 was under the care of New Hope Hospice + Aberdeen Villa of Pearberry. This includes the CNA who comes at least 3x week b) Call the new Hope Hospice to send us document papers that all residents #6 is under their care. The resident #6 admitted 4-9-08 expired 6-2-08 The new Hope Hospice stated will fax more documents to the facility. c) Effective immediately the caregiver will request documents for the hospice waiver request & the ~~fatlow~~ to Bureau of Licensure.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Y 999	Continued From page 18	Y 999		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure toxic substances were secured and not accessible to residents. Findings included: On 9/25/08, a can of Lysol and a can of air freshener was observed on top of the toilet tank in Resident #2's bathroom. The bathroom was not locked and the cans were easily accessible to residents. On 9/25/08, a bottle of Windex, a can of air freshener, and a bottle of lotion was observed unsecured in an unlocked room in Resident #2's shower room. The Caregiver indicated the items were let unsecured and easily accessible to residents. Severity: 2 Scope: 3	Y 999	Y999 a) To ensure that the facility secured all the toxic substance and not accessible to the residents. b) Employee #2 is inputted to continue & monitor for compliance c) Complete & dated 2/12/09	